



PTO/SB/17 (11-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no burdens are required to respond to a collection of information unless it displays a valid OMB control number.

**FEES TRANSMITTAL
For FY 2005**

Effective on 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **4,640.00**

Complete If Known

Application Number	10/646,363
Filing Date	August 21, 2003
First Named Inventor	ZENG, Xian-Ming
Examiner Name	Pending
Art Unit	1615
Attorney Docket No.	NHC19586-USA

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order
 Deposit Account None

Deposit Account Number: **50-0943**
 Deposit Account Name: **Baker Norton Pharmaceuti**

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-203A.

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	770.00
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
Subtotal (1)	\$	770.00	

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = $\frac{x}{}$ = _____
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = $\frac{x}{}$ = _____
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims **Fee (\$)** **Fee Paid (\$)**
 _____ **290.00**

Subtotal (2) \$ **290.00**

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	2,080.00
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: Petition (1370), Surcharge	1,500.00		
	(130.00)		
Subtotal (3)	\$ 3,580.00		

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,160	Telephone 305.575.6061
Name (Print/Type)	Michael A. Steinberg, Ph.D.		Date Nov. 23, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Adjustment date: 04/11/2005 CKHLOK
 11/30/2004 TTRAN1 00000011-500943 10646363
 02 FC:1255 2080.00 CR

11/30/2004 TTRAN1 00000011-500943 10646363
 02 FC:1255 2080.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>4/11/05</u>		2 Serial/Patent # <u>10646363</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
1255	Extension of Time		11/24/04	\$ 2080 -
	Notice of Appeal/Appeal			\$
1271	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 2080 -	
		8 TO BE REFUNDED BY:		
		Treasury Check		
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #: 9 50 -- 0943	
	Duplicate Payment	<input type="checkbox"/>		
X	No Fee Due (Explanation): <i>EOT FILED OUTSIDE MAX DD FOR REPLY</i>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>D WOOD</u>		TITLE: <u>SR ATTY</u>		
SIGNATURE: <u>DW</u>		PHONE: <u>272-3231</u>		
OFFICE: <u>OP</u>		*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u>Clay R.</u>		DATE: <u>4/11/05</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B